

USAMH RULES AND REGULATIONS: You should be informed of USAMH rules and regulations applicable to your rights and responsibilities as a patient. You are entitled to information about the United States Army Medical Department Activity, Heidelberg's mechanism for the initiation, review, and when possible, resolution of patient complaints concerning the quality of care.

ADVANCE DIRECTIVES: You have the right, in collaboration with your physician, to make decisions involving your health care, to include:

- ◆ Your right to formulate advance directives and appoint a surrogate to make health care decisions on your behalf to the extent permitted by law. Your care is not conditioned on the existence of an advance directive.
- ◆ The right of your guardian, next of kin, or legally authorized responsible person to exercise, to the extent permitted by law, the rights delineated on your behalf if you have been adjudicated incompetent in accordance with the law, are found by your physician to be medically incapable of understanding the proposed treatment or procedure, are unable to communicate your wishes regarding treatment, or are a minor.
- ◆ Your right or your designated representative's right to participate in the consideration of ethical issues that arise during your care.
- ◆ The right to donate organs at the end of your life. Even in the absence of an actual advance directive, and in accord with applicable state law, your wishes (for organ donation) may be documented in your patient medical record.

PASTORAL COUNSELING: You have the right to pastoral counseling through the clinic chaplain or a counselor of your choosing, as available.

ETHICS COMMITTEE: All patients have the right to review of ethical treatment issues by the USAMH Ethics Committee. The Committee is available to you, your family members, and staff at all hours and can be reached through the Staff Duty Officer. Points of contact are the Deputy Commander of Outlying Clinics, and the Clinic Chaplain.

PROTECTIVE SERVICES: All patients have the right to access of protective services such as guardianship and advocacy services, conservatorship, and child and adult protective services. The Social Work Service coordinates such services although you have the right to such services independent of USAMH.

PAIN MANAGEMENT: All patients at the USAMH have a right to timely pain assessment and relief through a well thought out and caring pain management plan. Options and education, both oral and written, are available to you.

YOUR RESPONSIBILITIES

PROVIDING INFORMATION: You are responsible for providing, to the best of your knowledge, accurate and complete information about present complaints, level of pain, past illnesses, hospitalizations, medications, and other matters relating to your health. You have the responsibility to report unexpected changes in your condition to the responsible practitioner. You are responsible for making it known whether or not you clearly comprehend a contemplated course of action, and what is expected of you.

COMPLIANCE WITH INSTRUCTIONS: You are responsible for following the treatment plan recommended by the practitioner primarily responsible for your care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan and as they enforce the applicable clinic rules and regulations. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the responsible practitioner or the clinic.

REFUSAL OF TREATMENT: You are responsible for your actions if you refuse treatment or do not follow practitioner's instructions.

USAMH FEES: You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.

USAMH RULES AND REGULATIONS: You are responsible for following USAMH rules and regulations affecting your care and conduct.

MEDICAL RECORDS: You must ensure that medical records are promptly returned to the medical facility for appropriate filing and maintenance when records are transported by yourself for the purpose of medical appointments or consultations. All medical records documenting care provided by any MTF or dental treatment facility are the property of the US government.

RESPECT AND CONSIDERATION: You are responsible for being considerate of the rights of other patients and USAMH personnel and for assisting in control of noise, the number of visitors, and compliance with the NO SMOKING rules. You are responsible for being respectful of the property of other persons and of the USAMH.

The proponent of this publication is the Patient Representative. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms)

**Commander, USAMH
ATTN: MCEUH-COD-PRO
APO AE 09042**

or call 371-2751.

Patient Bill of Rights & Responsibilities

in the
USAMH



U.S. Army MEDDAC Heidelberg

USAMH PAM 40-30(A) APRIL 2005

YOUR RIGHTS

ACCESS TO CARE: You have the right to impartial access to treatment or accommodations that are available or medically indicated, regardless of race, creed, sex, national origin, or sources of payment for care in an emergency situation. Access to care for routine illness or injury is limited to eligible beneficiary groups defined in Army Regulation (AR) 40-400.

RESPECT AND DIGNITY: You have the right to considerate, respectful care at all times and under all circumstances, with recognition of your personal dignity.

- ◆ If you are dying (terminal), the care we provide will optimize your comfort and dignity through treatment of primary and secondary symptoms that respond to treatment, as you or your surrogate decision maker desire; effectively managing pain; and acknowledging the psychosocial and spiritual concerns of you and your family regarding dying and the expression of grief.
- ◆ You have the right to consideration of psychosocial, spiritual, and the cultural variables that influence the perceptions of your illness.

PRIVACY AND CONFIDENTIALITY:

You have the right, within the law, to personal and informational privacy, as manifested by the following rights:

- ◆ To refuse to talk with or see anyone not officially connected with the clinic, including visitors, or persons officially connected with the clinic but not directly involved in your care.
- ◆ To wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with diagnostic procedures or treatment, or are contrary to military regulations.
- ◆ To be interviewed and examined in surroundings designed to assure reasonable auditory and visual privacy. This includes the right to have a person of your own sex present during sensitive parts of a physical examination, treatment, or procedure performed by a health professional of the opposite sex, and the right not to remain disrobed any longer than is required for accomplishing the medical purpose for which you were asked to disrobe.
- ◆ To expect that any discussion or consultation involving your case will be conducted discreetly and that individuals not directly involved in your care will not be present without your permission.
- ◆ To have your medical record read only by individuals directly involved in your treatment or the monitoring of its quality, by those authorized by law or regulation, and by other individuals only on your written authorization or that of your legally authorized representative.
- ◆ To expect all communications and other records pertaining to your care, including the source of payment, to be treated as confidential.

- ◆ To request a transfer to another room if another patient or visitors in that room are unreasonably disturbing you by their actions.
- ◆ To be placed in protective privacy when considered necessary for personal safety.

SECURITY/SAFETY: You and your property will be safe and secure at the United States Army Medical Department Activity, Heidelberg (USAMH). You have the right to expect reasonable safety insofar as clinical practices and environment are concerned. You are advised not to bring valuables to the clinic with you. In the event that you do, a safe is provided at the Medical Service Accounts (MSA) office for you to put your valuables into. You (and your family) will receive an orientation of safety procedures for the unit upon admission.

IDENTITY: You have the right to know the identity and professional status of individuals providing service to you and to know which physician or other practitioner is primarily responsible for your care. This includes your right to know of the existence of any professional relationship among individuals who are treating you, as well as the relationship to any other health care or educational institutions involved in your care. Participation by patients in clinical training programs or in the gathering of data for research purposes will be voluntary.

INFORMATION: You have the right to obtain, from the practitioner responsible for coordinating your care, complete and current information concerning your diagnosis, treatment, and any known prognosis. This information should be communicated in terms you can reasonably be expected to understand. When it is not medically advisable to give such information to you, the information will be made available to your legally authorized representative.

COMMUNICATION:

- ◆ You have the right of access to people outside the clinic, (i.e.: visitors, verbal and written communication).
- ◆ In the event that you do not speak or understand English, you should have access to an interpreter. This is particularly true when language barriers are a continuing problem. The Beneficiary Counseling and Assistance Coordinator, OSD and AOD maintain a list of staff members who speak languages other than English.
- ◆ If the clinic restricts your visitors, mail, telephone calls, or other forms of communication, the restrictions will be fully explained to you and your family and should be determined with your participation, and will be documented in your patient record. You may also request a restriction(s).

CONSENT:

- ◆ You have the right to the information necessary to enable you to make treatment decisions that reflect your wishes. You/your family's concerns will also be considered as needed and/or allowed. This should be based on a clear, concise explanation of your conditions and of all proposed technical

procedures, including the possibilities of any risk of mortality or serious side effects, problems related to recuperation, and probability of success. You shall be informed of your right to privacy, confidentiality, and safety. You should not be subjected to any procedure without your voluntary, competent, and understanding consent, or that of your legally authorized representative. When medically significant alternatives for care or treatment exist, you shall be so informed. The USAMH physician or person providing this information shall sign and date the consent form, and note in the progress notes alternatives for treatment and the risks involved.

- ◆ You have the right to know who is responsible for authorizing and performing the procedures or treatment.
- ◆ You shall be informed if the clinic proposes to engage in or perform human experimentation or other research/educational projects affecting your treatment, and you have the right to refuse to participate in any such activity. All patients asked to participate in a research project must be given a written description of the expected benefits, potential discomforts and risks, alternative services that might also prove advantageous to them and full explanation of the procedures to be followed.
- ◆ You have the right to receive all the information you need to give informed consent for an order not to resuscitate (Do Not Resuscitate). You will have the right to designate an individual to give consent if you are too ill to do so.

CONSULTATION: You have, at your own request and expense, the right to consult a specialist.

REFUSAL OF TREATMENT: You may refuse treatment to the extent permitted by law. When refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the United States Army Medical Department Activity, Heidelberg's relationship with you may be terminated upon reasonable notice.

TRANSFER AND CONTINUITY OF CARE: As a patient you may not be transferred to another facility unless you receive a complete explanation of the need for the transfer and the alternatives to such a transfer, and unless the transfer is acceptable to the other facility. You have the right to be informed by the practitioner responsible for your care, or a delegate, of any continuing health care requirements following discharge from the clinic.

USAMH FEES: Regardless of the source of payment for your care, you have the right to request and receive a detailed explanation of your total bill for services rendered. You have the right to timely notice prior to termination of your eligibility for reimbursement by any third-party payer for the cost of your care. Questions or comments regarding billing issues can be directed through the Patient Advocate, Nachrichten Kaserne, Building 3613, Room 1045, at DSN 371-2751.